

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.
658623

FILING DATE
9-8-00

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OEP.	NO.	OEP.	NO.	OEP.
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TOTAL NO.	2					

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TOTAL NO.						
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